



Office of the State
Long-Term Care Ombudsman

Fall 2006

A Word from the State Ombudsman – Gilbert Cruz, RRT MPA

Fall is upon us and things are moving forward, and soon, we will be upon the New Year. You will notice that our Volunteer Voice will be converting from a monthly to a quarterly newsletter.

Being involved with the newsletter publication for the last eight years, I feel this move is necessary for many important reasons. First, I want you to have quality information and appearance. In addition to new development of the Volunteer Voice, I want the newsletter to graduate to the next level of educational information that will be provided to you, the Certified Volunteer Ombudsman. This can be accomplished by offering superior publishing techniques and contributing writers from different spectrums of Long-Term Care.

It is my duty as Acting State Ombudsman to keep you informed of events happening in Kansas but also nation-wide. The second factor to this new change is time. The editor of the newsletter is Nancy Ochoa; she is also the State Volunteer Coordinator. Currently she is partici-

pating in the 2006 Salina LTC Certified Volunteer Ombudsman training, and she will be finished at the end of October. Soon after, she will be conducting the Certified Volunteer Ombudsman trainings in Southwestern Kansas. She will proceed with trainings through the assistance of the Regional Ombudsman in that area.

In the next quarterly newsletter, I will announce the 2007 training schedule which will bolster our volunteer base state-wide. This new recruitment campaign will provide additional coverage in Kansas facilities.

As advocates for the Kansas aging population, my goal is to provide additional assistance to LTC residents in our communities. It is my hope that we will enhance our volunteer base to assist residents in promoting quality of life.

In conclusion, the State Office presently has three staff members: the Senior Administrative Assistant, State Volunteer Coordinator, and myself. It is imperative

that we are efficient to serve your needs and the residents in Kansas LTC facilities. Thank you for your support!

NCCNHR Conference

National Citizens' Coalition for Nursing Home Reform 31st Annual Conference and Meeting will be held on October 22-25, 2006.

State Ombudsman across the country and the two U.S. territories will be attending along with myself. I hope to gain valuable insight on state ombudsman programs, and learn more about my role as a State Ombudsman.

In addition, I will receive specific training on quality assurance methods to aid our program.

In conjunction with the annual training, I will be visiting with key members in the Administration on Aging, which funds a



Governor
Kathleen Sebelius



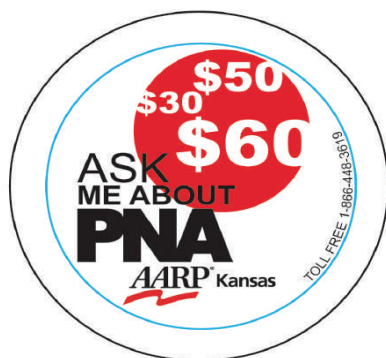
Sue Schuster, Gilbert Cruz, Cynthia Bailey
at the Senior Fair 2006 in Salina, KS.

majority of our program. I look forward in sharing with you my experiences and insight from leaders across the nation.



Personal Needs Allowance

For Medicaid residents, what is the proper use for their monthly \$50 personal



Even though a Medicaid resident will often use most of their monthly resources to meet their patient liability, a resident must be allowed to keep \$50 per month for personal needs such as: hair care, clothing, magazines, cigarettes or other non-medical costs not covered under the resident's nursing home services. Facilities are required to ensure that residents receive this small monthly amount and should not directly apply it to an exist-

ing bill without the consent of the resident. Family members could be another resource to purchase other personal items of interest to the resident.

Note to volunteers! This amount goes up to \$60.00/month July 1, 2007! Please wear your button to spark interest in this new law that is now in effect.

Gilbert Cruz, RRT MPA

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www.hospice4utah.com

Hospice

In Nursing Homes

Hospice Helps Dying Patients Avoid Hospitalization on 08/24/2006

THURSDAY, Aug. 24 (HealthDay News) -- U.S. nursing-home residents in hospice care are half as likely to spend their final 30 days of life in a hospital than residents who aren't in hospice care, researchers report.

Investigators at Brown Medical School in Providence, R.I., analyzed data from nearly 184,000 nursing home residents in five states.

"Our study provides strong evidence that access to hospice care in nursing homes

significantly reduces hospitalization," study author Pedro Gozalo said in a prepared statement.

He noted that people who choose hospice care tend to refuse aggressive end-of-life treatment. Even when this was factored in, the study still found that hospice has a major impact in keeping people out of a hospital in their dying days.

That's important, because being in [a] hospital may have a negative impact on a person's quality of life in their final days. In addition, this kind of hospital care can be expensive.

Nursing home residents who receive hospice care are more likely to have cancer, be female, white and married. The study also found that a nursing home's location

can affect hospice enrollment. In nursing homes with hospice providers more than 15 miles away, there were fewer residents in hospice care.

While about 80 percent of U.S. nursing homes offer hospice care, there are still a number of factors that can affect access to these services, Gozalo said. These include failing to identify residents who need hospice; local health system policy; and financial incentives for nursing homes to continue providing skilled care.

The findings are published in current issue of *Health Services Research*.



What is Hospice

Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well.

The focus of hospice relies on the belief that each of us has the right to die pain-free and with dignity, and that our loved ones will receive the necessary support to allow us to do so. The focus is on caring, not curing and in most cases, care is provided to you in your own home. Hospice can be provided in freestanding hospice facilities, hospitals, and nursing homes and other long-term care facilities. Hospice is available to persons of any age, religion or race.

- Hospice focuses on caring, not curing and, in most cases; care is provided in the patient's home.
- Hospice care also is provided in freestanding hospice centers, hospitals, and nursing homes and other long-term care facilities.
- Hospice services are available to patients of any age, religion, race, or illness.
- Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.



Each of us have the right to die pain free and with dignity.

www.caringinfo.org

Aging with Dignity

Five Wishes

The *Five Wishes* document helps you express how you want to be treated if you are seriously ill and unable to speak for yourself. It is unique among all other living will and health agent forms because it looks to all of a person's needs: medical, personal, emotional and spiritual. *Five Wishes* also encourages discussing your wishes with your family and physician.

Five Wishes lets your family and doctors know:

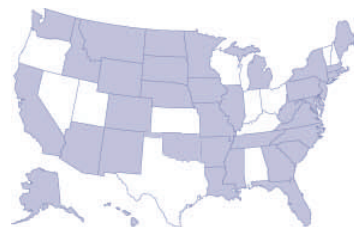
Which person you want to make health care decisions for you when you can't make them.

The kind of medical treatment you want or don't want.

How comfortable you want to be.
How you want people to treat you.
What you want your loved ones to know.

There are a few states in which *Five*

Wishes does not yet meet the legal requirements. These states either require a specific state form or that the person completing an advance directive be read a mandatory notice or "warning." Residents of these states can still use *Five Wishes* to put their wishes in writing and communicate their wishes with their family and physician. Most health care professionals understand they have a duty to listen.



Legend for Map

State in which *Five Wishes* meets current legal requirements

State in which *Five Wishes* does not meet current legal requirements, but can still be useful as an attachment

www.agingwithdignity.org



Senior Health Insurance Counseling for Kansas (SHICK) is a free program offering older Kansans an opportunity to talk with trained, community volunteers and get answers to questions about Medicare and other insurance issues. SHICK provides you with many resources that will help you with your struggle through the Medicare maze.

Health in the Aging Population

Discovery Health News

More Than Half of Elderly Report Sleep Problems on 07/31/2006

MONDAY, July 31 (HealthDay News) -- More than half of older Americans have trouble sleeping and accept it as a normal part of aging. But there are steps elderly people can take to improve their sleep, a researcher says.

"Sleep requirements and patterns change throughout life, but sleep problems in the elderly are not a normal part of aging," Dr. Julie Gammack, assistant professor of geriatrics at Saint Louis University, said in a prepared statement.

It's important to attempt to solve sleep problems, which can be a health risk and have a negative effect on quality of life.

"Sleep disturbance in the elderly is associated with decreased memory, impaired concentration and impaired ability to function. It contributes to an increased risk of accidents, falls and chronic fatigue," said Gammack, the author of a review article published in July's *American Journal of Medicine*.

The first step for elderly people with sleep problems is to keep a diary for a week or two that tracks: usual wake-up and bed-times; timing and size of meals; amount of

exercise; medications; and descriptions of how much and how restful sleep was each night.

This information will help a doctor establish whether a person truly has insomnia.

Before prescribing medications for sleep problems, doctors should recommend certain lifestyle changes, Gammack said.

"A daytime walk with correctly timed daylight exposure is useful for insomnia. Appropriate temperature controls, adequate ventilation, and dark sleep environment may also lead to dramatic improvement in sleep quality," she said.

Here are some other suggestions:

- Increase exposure to bright light and natural light during the day and early evening.

- Avoid napping after 2 p.m. and limit yourself to one half-hour nap a day.
- Check the effect of medications on sleep.
- Wait until you're sleepy to go to bed.
- Avoid heavy meals before bedtime. If you're hungry, eat a light snack.
- Limit liquids in the evening.
- Keep a regular schedule.
- Rest and retire at the same time each day.
- Eat and exercise regularly.

Manage stress by discussing worries long before bedtime and by using relaxation technique.

www.health.discovery.com



An Ombudsman's Perspective -Cynthia Bailey, Region 2

Retaliation in Nursing Homes

How many times has a resident or family member shared a concern with you, but cautioned if you do anything they would be in more jeopardy?

Confronting the fear of retaliation is a serious concern for our residents. The fear of being retaliated against for voicing grievances is a real concern for residents of long-term care facilities and their families. Although retaliation is not exclusive to the long-term care setting, it is understandable that nursing home residents, who rely on staff for help with many daily needs and activities, can feel extremely vulnerable.

Too often families tolerate poor care for fear that if they complain, the staff will "take it out on them" or their loved one. In addition to the terror of revenge, families are concerned that their loved one's aide will be fired. Most often, families complain about the system issues such as: lack of staff, unprofessional behavior within staff personnel, and occasionally the insensitivity of a single staff person. This retaliation can take overt forms of abuse. Retaliation can range from a staff member, who suddenly treats a resident differently. For example, they may

not be as warm and friendly as before. They will ignore call lights, and say that the resident is a troublemaker.

In fact, the fear of retaliation is the number one reason cited by families for not expressing their concerns and for not being outspoken advocates for their loved ones.

Though the fear of retaliation can spawn an atmosphere of oppression, families and residents must keep in mind that if things are going to change; if care is going to improve, they must speak up. We as ombudsman would like to believe that retaliation does not take place, but it does. As advocates for residents, we support and encourage them to voice their concern or complaint. Further, we would like family and friends to be aware of their loved one's health, atmosphere, and behavior. Nothing will change, unless; we are a unified voice.

A Long-Term Care Ombudsman advocates for the empowerment of resident rights. All residents have the right to safety and good care that meets their individual needs. Residents do not give up any rights when they move into a nursing home. As you visit your facility weekly we

will establish a level of comfort and trust from the residents, they will feel that they can confide in you. This is our role to be their voice.

On a positive note: I've learned that no matter what happens, how bad it seems today, life does go on, and it will be a better tomorrow. I've learned that making a "living" is not the same thing as making a "life". I've learned that life sometimes gives you a second chance. You shouldn't go through life with a catcher's mitt on both hands. You need to be able to throw something back.

If you focus on your family, friends, the needs of others, your work and doing the very best you can, happiness will find you. I've learned that every day, you should reach out and touch someone. People love that human touch, holding hands, a warm hug, or just a smile. People will forget what you said, people will forget what you did, but people will never forget how you made them feel. I am so glad there are good volunteers willing to reach out and advocate for those in need. Life is about people connecting with people and making a difference, which is what we do.

New Volunteer Training Southwestern Kansas

Certified Volunteer Training for Region 5 will begin on October 11th at 9:30 a.m. in the Grant County Library Cooper-Clark Room. Please share this information with others living in Southwest Kansas. Anyone interested in attending may contact Nancy Ochoa at 1-877-662-8362. See you there!

Regional Ombudsman,
Jan Scoggins

Resident Rights

Week

October 1-7, 2006

care
Choice • Accountability • Rights • Empowerment
Matters

State of Kansas
Office of the State Long-Term Care Ombudsman
LSOB, 900 SW Jackson, Suite 1041
Topeka, Kansas 66612

173-16

RETURN SERVICE REQUESTED

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OMBUDSMAN:

Reaching out for Quality Care
(785) 296-3017
Toll Free: 1-877-662-8362
Email: LTCO@da.state.ks.us
Http://da.state.ks.us/care



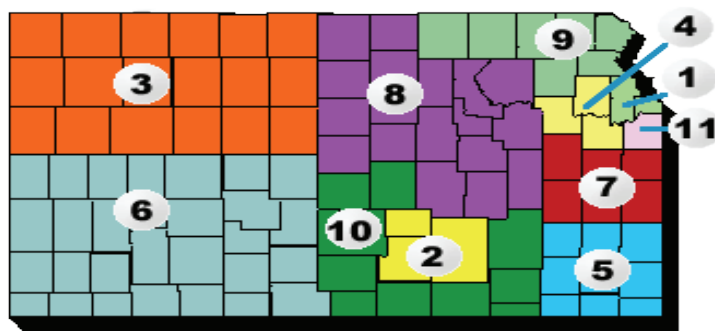
Gilbert Cruz, RRT MPA

Acting State Ombudsman (785) 296-3017

Sue Schuster	Region 1	Great Bend	(620) 793-7694
Cynthia Bailey	Region 2	Topeka	(785) 296-2962
Joe Dobson	Region 3	Overland Park	(913) 826-7474
Gloria Simpson	Region 4	Wichita	(316) 337-7379
Jan Scoggins	Region 5	Dodge City	(620) 225- 2439
Velvet Johnson	Region 6	Hays	(785) 628- 3121
James Grooms	Region 7	Topeka	(785) 296- 6017
Gina Johnston	Region 8	Pittsburg	(620) 230-0743



Kansas Association of Area Agencies On Aging



The Area Agency on Aging is a grassroots organization built to respond to the needs in their community. Each AAA manages programs and services designed to meet the needs of its particular area. Their mission is to deliver easily accessible, top-quality services that sustain healthy lifestyles and support self-sufficiency in the aging population.

You can find out what Area Agency on Aging serves you, by the county in which you live or by your home town. You can also look at the region map above and choose the area agency by name.

1. Wyandotte/Leavenworth
2. Central Plains
3. Northwest Kansas
4. Jayhawk
5. Southeast Kansas
6. Southwest Kansas
7. East Central Kansas
8. North Central/Flint Hills
9. Northeast Kansas
10. South Central Kansas
11. Johnson County

For any questions or comments,
contact:

Nancy Ochoa, Editor
(785) 368-7321 or 877-662-8362

2007

Certified Volunteer
Ombudsman
Conference

Mark Your Cal-
endars!

Where:
Overland
Park, Kansas

When: March
29 & 30th,

Mission Statement

To advocate for the well being, safety, and rights of residents of Kansas Long-Term Care facilities by assisting them in attaining the highest possible quality of life.